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OFFICE OF STATE FIRE MARSHAL

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APPLICATION FOR FIRE PROTECTION PLAN REVIEW - **TANKS**

Sussex County

Kent County

New Castle County

Delaware Fire Service Center

Delaware Fire Service Center

Delaware Fire Service Center

22705 Park Avenue

1537 Chestnut Grove Road

2307 MacArthur Road

Georgetown, DE 19947

Dover, DE 19904-9610

New Castle, DE 19720-2426

302-856-5298/Fax 302-856-5800

302-739-4394/Fax 302-739-3696

302-323-5365/Fax 302-323-5366

1. Project Name: _____

(Complex, Store # or Specific Complex Identifier)

Location/Address: _____

City: _____ Zip Code _____ County (NC, K, S): _____

Tax Parcel Number: _____

(Check all that Apply)

2. Project Description: ☐ Dispensing ☐ Storage Only☐ LPG Storage ☐ LPG Cyl Exchange ☐ LPG Dispenser ☐ Other _____

3. Fee Calculation: Installation Cost: _____ Fee: _____ Check # _____

Exempt Status: State County Federal DSHA Fire Company/Amb Municipality No Impact

Deposit/Return Date: _____

(Check or Money Order made payable to the "State of Delaware")

NO CASH ACCEPTED

4. Tank #1 ☐ Aboveground Capacity (gallons): _____ Product: _____☐ Underground ☐ Class I ☐ Class II ☐ Class III A B CTank #2 ☐ Aboveground Capacity (gallons): _____ Product: _____☐ Underground ☐ Class I ☐ Class II ☐ Class III A B CTank #3 ☐ Aboveground Capacity (gallons): _____ Product: _____☐ Underground ☐ Class I ☐ Class II ☐ Class III A B CTank #4 ☐ Aboveground Capacity (gallons): _____ Product: _____☐ Underground ☐ Class I ☐ Class II ☐ Class III A B CTank #5 ☐ Aboveground Capacity (gallons): _____ Product: _____☐ Underground ☐ Class I ☐ Class II ☐ Class III A B C

5. Applicant Phone: _____

*Signature required in Item #7 Fax: _____

Applicant's Name: _____

Company Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____

6. Owner: Phone: _____

Fax: _____

Name: _____

Address: _____

City: _____ State: _____

Zip Code _____

Email: _____

7. Applicant Signature: _____ Date: _____

*Any approval of the submitted project documents does not relieve the owner, designer, contractor, or designated representative from their responsibility to comply with applicable provisions of the Delaware State Fire Prevention Regulation.***A PLAN ASSESSMENT WAS CONDUCTED INDICATING THE DELAWARE STATE FIRE PREVENTION REGULATIONS HAVE *NO IMPACT* OR *MINIMAL IMPACT* ON THIS PROJECT. NO FURTHER ACTION IS REQUIRED BY THE STATE FIRE MARSHALS OFFICE. *ISSUE CERTIFICATE OF OCCUPANCY AT YOUR DISCRETION.***

DOC. No. 75-01-02-07-04

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STATE FIRE PROTECTION SPECIALIST

DATE

I.D. # _____ Plan Review # _____